

COMMITTEE ON HUMAN RESOURCES

November 18, 2002

5:00 PM

Chairman Lopez called the meeting to order.

The Clerk called the roll.

Present: Aldermen Lopez, Sysyn, Pinard, Shea, DeVries

Messrs: F. Rusczek

Chairman Lopez addressed Item 3 of the agenda:

Communication from Public Health Director, Fred Rusczek, requesting to increase the pay for a Substitute School Nurse from \$75.00 per day to \$100.00 per day.

On motion of Alderman DeVries, duly seconded by Alderman Sysyn, it was voted to approve this request.

Chairman Lopez addressed Item 4 of the agenda:

Proposed establishment and reclassification of positions in the Health Department.

Mr. Rusczek stated first there are three handouts that you have. One is an overview of the presentation, the second is an organizational chart. The blue boxes denote the reclassifications that are necessary for this activity and the yellow denotes new positions. The third handout is a summary of the cost of the reclassifications necessary to manage the \$1.5 million in new funding. I should state at the outset that I think this is very important. This is sustainable money. The Public Health Preparedness money is something that is going to continue for some time. One of the critical changes or the critical increase in responsibilities involves the fact that for Public Health Preparedness and Bio-Terrorism response we are looking at an area larger than Manchester. Instead of looking at a population of 107,000 we are looking at a population of 175,000 to 180,000. The population that we are looking at is the same as the CMC and Elliot Hospital service area. While we won't be going into other communities and providing the services we do here, there will be oversight on communicable disease outbreaks and bio-terrorism response, as well as training. Again, as kind of a preface over the past month we have been working to prepare a community-wide small pox

vaccination plan. The plan in itself...there are a variety of strategies if there ever is small pox used as a biological agent of war. One strategy, which is a last resort, is to provide mass clinics. In other words, vaccinate 175,000 people and the requirement is that we complete that in three days, which means 250 people per clinic. That is when we will have to go to the outside communities and say we need your help and support. All of that being said, if I can run real quickly through the presentation since I know that you have another meeting at 5:30 PM, all of this funding or the vast majority of the increase of \$1.5 million comes because we are now addressing new issues. Never before has Public Health had to be prepared for war. If you recall the Health Department's turn of the century report that came out about a year ago, it included the turn of the century report from 1900 and throughout that report there were a number of pictures of small pox because we did have small pox 100 years ago. I guess it is kind of like what goes around comes around because we are planning for some of the same things that the folks before us in public health did. Just in the past six or seven months the Health Department picked up an additional \$1.5 million in outside money. The Public Health Preparedness money we all know about. We also picked up \$500,000 for adolescent substance abuse and treatment in the community. That funding will support substance abuse treatment for up to 200 adolescents. The challenge for us with that funding because we turn around and contract with outside community agencies to provide the services, becomes one of completing all of the Federal requirements and managing the four or five outside contracts to get the work done. The chart below...in 1998 you can see that our funding was pretty well split between the School funding, which is the bulk of our program, the City at 32% and outside funds at 32%. Over the past five years we have aggressively gone after outside funding support to do services that we need to complete as part of our public health work in Manchester. The slide following that shows that today in terms of our budget only 1/4 of our budget comes from City funds and it is actually over 50% that comes from the outside. When you add it all up, right now the Health Department manages a budget of about just under \$5 million. About \$1.2 million of that is on the City side of the budget related to public health. From my perspective I think we have done a very good job of utilizing whatever source of funds we can to complete the work we need to for the community. As I said at the outset a lot of our work is changing. We are looking at things that we didn't have to before just like every other community in the country. When we sat down with the State and mapped out where we believe we are going as the State's largest City, we came up with a variety of needs to be consistent with communities of our size elsewhere in the country. A few things came out as being very important and one of them is that we need to establish a much better communication system between public health workers, healthcare providers and public safety workers. We secured about \$45,000 to establish a Health Alert Network. The Health Alert Network is a component of our Bio-Terrorism and Public Health Preparedness grant and what we hope to do there. We work very closely on a day-to-day basis

today with area healthcare providers and the infectious disease specialists at the hospitals. Each year we currently investigate 80 to 90 communicable diseases. Sometimes they are serious as meningitoxemia as we have had in the past couple of weeks or an active case of TB and sometimes the cases aren't so serious but need to be investigated and handled such as salmonella related to a food establishment. This funding will allow us to greatly enhance what we do. I am going to jump ahead a few slides here. Another responsibility is we will be providing training to the community and to healthcare providers. The new facility is going to be a wonderful place for us to do business since we already have our satellite dish hooked up and we will have training rooms where we will be able to bring members of the healthcare community in and public safety folks and provide training. On Page 6 of the handout, staff development critical for the future is the heading, when we looked ahead and said what is the most important thing that we do to insure that the public health of our community is protected into the future we came up with three things. One, we need to develop a staff at the director and supervisor level to be ready to step up and handle issues. Also, if there is an outbreak or a serious problem we need to have people who can work different shifts. It is going to be a 24 hour a day responsibility. Secondly, we needed to increase our professionally prepared staff and we were fortunate to receive funding to hire physicians. Thirdly, we felt that it was important that rather than increase the number of supervisors that we would increase responsibilities. We want to keep public health services in a neat and tidy package so that we don't spread out services all over the map. We currently have a supervisor to staff ratio of approximately 1:12. As you can see, with the reclassifications that doesn't change. We are increasing the responsibilities to manage the outside funding that we received by increasing the responsibilities of existing supervisors. One of the requirements of the grant is that we need to assign a senior staff person to work as a Public Health Preparedness Coordinator. That person would assess the system, create a response plan and work closely with the Police, Fire Departments, hospitals, medical providers and community agencies. That will be an increased role or enhanced role or expanded role for our Environmental Health Supervisor, Tim Soucy. He has been working on a lot of this stuff currently and doing the small pox planning. Down below that there will be...because Tim is going to be taking on a much greater role using grant funds and since we have to provide support in terms of technical support surrounding communities, we will be increasing an Environmental Health Specialist II position to Public Health Specialist II. It is only a half of a pay grade from an 18A to a 19. Perhaps one of the biggest costs that we face and you will see this on the chart in terms of reclassifications is to expand the duties of our accounting position to that of a Business Service Officer. Our accountant position is vacant now. We have had a tough time trying to find someone who will come in at the entry level and be able to do what we need to do. We manage so many outside funds...we have about 22 outside funded programs, all with their own unique reporting requirements and a

lot of that turns around and is passed on to the community through about a dozen contracts. In order for some of us to free up our time to work on public health and direction of the department and in talking with the Human Resources about this, we felt it was important that we expand that position. Again, the cost of this position will be something that will be borne by the many grants that we manage. Having this level person on board will enable us to improve reimbursement for some of the things we do. We are already listed as a Medicaid provider, for example, but we don't have the capabilities to put the system in place and the billing system and to go through all of the hoops. Once we hire a physician we will have broken down one of the big barriers. By expanding this position we will be able to increase reimbursement for our current services and in doing so create a pure stream of revenue to the City. Again, this person will also handle the Office of Youth Services as we currently do. If you look at the \$5 million that we handle it will be over \$5 million with the Office of Youth Services and if you compare it to similar City departments such as Parks & Recreation you will see that is consistent with what has been a City model. Our community health supervisor that currently is a vacant position, that is another position that at the pay level it is at we have had a difficult time filling and keeping filled. In the last three years there have been three people in the position. That person will have the expanded responsibilities of the larger population, as well as supervise all of the communicable disease control and the clinical response team for outbreaks. The pay change, even though it is paid for by outside money, will make the pay consistent with communities like Nashua. By the way, when you look at all of these positions with an increase in pay, it is paid for from the outside and they then become comparable to what Nashua is paying. Some of the other work that we need to do, jumping ahead we have a Public Health Specialist II who will become a Community Epidemiologist and they will also supervise the Health Alert Network that I mentioned earlier, as well as provide technical and logistical support in the event of an emergency and will establish that communication system with the outlying communities and with the community here itself. We are very fortunate. We have an Environmental Toxicologist on board now, a Ph.D. level toxicologist with a Masters in Public Health degree. Through this grant, the person will have expanded responsibilities in terms of addressing the toxicity of vaccines in its constituents as well as learning all of the new attributes and things we need to do to assess chemical exposure threats, analyze safety of pesticides, disinfectants that might be used to control outbreaks and toxic releases of chemicals into the environment. We will also look at all of the chronic disease issues in the community, which we currently don't have. This person with a Ph.D. has attracted considerable outside support today through a relationship with UNH a Ph.D. is able to support some of their research activities and through that relationship we were able to get about \$6,000 towards computers for school nurses. We have relationships established with Dartmouth where this person will oversee a number of interns that will do work for us.

Chairman Lopez stated I think the Committee is very familiar with the money that came in for the positions that you indicated. Let me speed it up by saying that we need clarification on the article in the *Union Leader* that said people were going to get increased salaries. All of this is government money that is coming forward to implement the plans in the Health Department under the Bio-Terrorism Act that the President signed. In saying that, when we say an increase in salary that is the difference between a L/G 21 and L/G 23 for example is the increase in salary plus the increase of merit pay or cost of living for those positions. Is that correct?

Mr. Rusczek replied that is correct.

Chairman Lopez asked so nothing will be borne by the City as far as increasing anybody's salary.

Mr. Rusczek answered no. This is sustainable funding. There is no increased cost to the City. In fact, we will be able to establish a platform where we will be able to increase what I call pure revenues that offset some of our current expenses. I think we will see that in next year's budget.

Alderman Shea stated I have a few questions. In this chart here what you have indicated is there are six staff changes and six new positions. Is that correct?

Mr. Rusczek replied that is correct.

Alderman Shea stated I realize the sum total of what you have but are all of the funds accounted for or is the funding dependent upon changing factors or situations. In other words, how would you explain the funding itself? Are you using a portion of the funding for the fulfillment of certain positions and keeping some back in case of a real serious problem that we may have in the community?

Mr. Rusczek replied the funding supports a lot, including buying pharmaceutical supplies...we were able to purchase a very sophisticated piece of equipment for the Fire Department since they are often first on the scene. We are able to support the three hospitals – Dartmouth-Hitchcock, Elliot and CMC with their own satellite dish so we can communicate that way and there is still a reserve to be able to handle things that wouldn't necessarily fall under the national pharmaceutical stockpile say.

Alderman Shea asked so is your funding quarterly or half a year or three quarters of a year or do you get all of the funding at once and then spend it according to what your needs might be.

Mr. Rusczek answered all of the funding comes down at once. We have a signed contract with the State for this work and that was earlier approved by the CIP Committee.

Alderman Shea stated my understanding is this is a three year program. Is that correct?

Mr. Rusczek replied this funding, the CDC is planning on five years at least but this is one that of all the things I have ever been involved in this is sustainable funding that is going to continue until long after we are around I suppose.

Alderman DeVries stated I think I might be missing a page of the class specifications for the new medical director. I know that is a Ph.D. filling the position but is it part of the job requirements that it be a Ph.D.?

Mr. Rusczek asked the Medical Director.

Alderman DeVries answered the Public Health Physician/Medical Director.

Mr. Rusczek replied the Public Health Physician is an MD. That person will be providing some clinical support as well in order to maintain clinical skills.

Alderman DeVries stated I only have the face sheet. So that is part of the job specification that it be an MD?

Mr. Rusczek replied absolutely. We are looking for a physician with a Masters in Public Health so they understand the sort of stuff we are doing.

Alderman DeVries asked and the community health is part of the five year grant or is that part of the other grant that you noted at the beginning.

Mr. Rusczek answered all of these positions are funded under the Public Health Preparedness Grant.

Alderman DeVries asked so that continues for five years as well.

Mr. Rusczek answered that grant is going to continue beyond five years. That is what it was currently budgeted for. This was supported by both Republicans and Democrats in Congress and in the Senate.

On motion of Alderman DeVries, duly seconded by Alderman Shea, it was voted to approve the proposed establishment and reclassification of positions in the Health Department.

There being no further business, on motion of Alderman Shea, duly seconded by Alderman Pinard it was voted to adjourn.

A True Record. Attest.

Clerk of Committee